

OJT Summary Report

Date: _____

Employee's Name: _____

Critical Tasks:	Completed
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No
_____	Yes/No

Summary of Observations:

General Appearance Pass/Fail
Comments: _____

Acceptance of Feedback from Trainer Pass/Fail
Comments: _____

Interaction with Offenders Pass/Fail
Comments: _____

Security Procedures Pass/Fail
Comments: _____

Other Issues/Concerns Pass/Fail
Comments: _____

Employee Signature	_____	Date	_____	ITO Signature	_____	Date	_____
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